

change contact, owner address

441

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1D1E1D101111011161810151 Date: 1-26-95

FACILITY NAME Aven Products Inc - Newark

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State _____ Zip _____

Installation Contact

Last Name Seth First Stanley

Job Title Facilities Mgr Phone # (302) 453-7622

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street 2100 Ogletown Rd

City/Town Newark State DE Zip 19712

Phone # (302) 453-7622 Land Type _____ Owner Type _____

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

Updated in RCRIS by _____ Date 1-27-95

AST
BS-100

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	Rail	Highway	Water
_____	_____	_____	_____
Other	_____		
Burner/Blender	B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified.		
HWF Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities. Blank No activity.		
HWF Other Market	X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.		
HWF Burner	B Boiler and/or Industrial Furnace. X Indication of activity.		
OSO Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.		
OSO Other Market	X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).		
OSO Burner	B Boiler and/or Industrial Furnace. X Indication of Activity.		
SO ACT:	Code indicating that the handler is engaged in marketing of specification fuel oil activities. B Boiler and/or Industrial Furnace. X Indication of Activity.		
Burner Types	Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____		
Underground Injection Control	X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.		
Recycler:	C Commercial R Non-Commercial Recycler N Not a Recycler, Verified Blank Not a recycler, unverified.		

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

DE D 0 1 1 0 1 6 8 0 5

II. Name of Installation (Include company and specific site name)

AVON PRODUCTS INC. NEWARK BRANCH

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2100 OGLETOWN ROAD

Street (Continued)

City or Town

State

Zip Code

NEWARK

DE 19712-

County Code

County Name

003

NEW CASTLE COUNTY

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

SETH

STANLEY

Job Title

Phone Number (Area Code and Number)

FACILITIES MGR

302-453-7622

VI. Installation Contact Address (See instructions)

A. Contract Address Location: Mailing Other

B. Street or P.O. Box

☒ ☐ ☐

SAME

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

AVON PRODUCTS INC.

RECEIVED
GENERAL STATE SECTION

Street, P.O. Box, or Route Number

SAME

JAN 26 1995

City or Town

State

Zip Code

EPA X3

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

- -

P

P

Yes

☒ No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

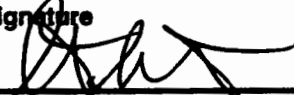
1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Stanley E. Seth Facilities Manager	Date Signed 12/16/94
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: DED011016805      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYY):  080185      Source( N/E/S ):  N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                *
*Name of Installation:  AVON PRODUCTS INC - NEWARK                                          *
*                               Installation Location Address                                  *
*Streets:  2100 OGLETON RD                                                                *
*City:      NEWARK                               State:  DE      Zip:  19712                      *
*County Code:  003      County Name:  NEW CASTLE                                          *
*                               Installation Mailing Address                                  *
*Streets:  2100 OGLETOWN RD                                                                *
*City:      NEWARK                               State:  DE      Zip:  19712                      *
*                               Contact Information                                          *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* THORNTON        BRUCE                               3024537915      L                      *
*Streets:  2100 OGLETON RD                                                                *
*City:      NEWARK                               State:  DE      Zip:  19712                      *
*Land Type:                                                                *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                                          *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA Id:      DED011016805      Other Id:                               Source:  N                      *
*                               *                                                                *
* Owner Sequence Number:      1                                                                *
* Ownership:  AVON PRODUCTS INC                               Type of Owner:  P                      *
*                               *                                                                *
*                               Address of Owner/Operator                                  *
*                               *                                                                *
*   Street:  OWNERSTREET                                                                *
*   City:    OWNERCITY                               State:  AK  Zip Code  99999                      *
*   Phone:   2155551212                                                                *
*                               *                                                                *
* Current/Previous Indicator:  CO      Change Date(MMDDYY):                                *
*                               *                                                                *
*                               *                                                                *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next      *
*****

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*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA Id:  DED011016805      Other Id:                               Source:  N                      *
*                               *                                                                *
*                               RCRA Reg  RCRA Reg  State Reg  State Reg *
* Waste Activity      Type      Status      Desc      Status      Desc      *
* -----            -
* HW Generator:      2          R                                                                *
* HW TSD:                                                                *
* HW Transporter:                                                                *
* Transport Mode:  Air:      Rail:      Highway:      Water:                      *

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*
*                               Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue          F1-Previous Screen      F3-Exit          F8-Help
*****

*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA Id: DED011016805 Other Id:                      Source: N
*
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
*                        D001   F001   F002
*
*
*
*
*
*
*
*
*
*
*
*****
*Enter-Continue          F1-Previous Screen      F3-Exit
*F8-Help                F9-First                F10-Next
*****
```



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

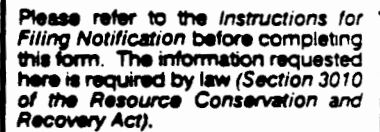
+
DE0011016805

01/30/95

INSTALLATION ADDRESS

AVON PRODUCTS INC - NEWARK
2100 OGLETOWN RD
NEWARK, DE 19712
STANLEY SETH FAC MGR

2100 OGLETOWN RD
NEWARK, DE 19712

[illegible]

A	V	O	N	P	R	O	D	U	C	T	S	,	I	N	C
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[illegible]

C	N	E	W	A	R	K												D	E	1	9	7	1	2
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---

C	S	A	M	E
---	---	---	---	---

[illegible]

C/2	T	H	O	R	N	T	O	N	,	B	R	U	C	E					3	0	2	4	5	3	7	9	1	5
-----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	---	---	---	---	---

C	A	V	O	N		P	R	O	D	U	C	T	S		I	N	C						
---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--

☐ 6. Off-Specification Used Oil Fuel

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

D	E	D	0	1	1	0	1	6	8	0	5
---	---	---	---	---	---	---	---	---	---	---	---

C
W

T A C

X. Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.


49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable (D001)
 ☒ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) AREA DIRECTOR	Date Signed 2-23-90
--	--	------------------------

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

604
BW

**HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
MAINTENANCE FORM FOR NOTIFICATION**

EPA-ID # 1DE1211121121515

Date: 4-23-90

FACILITY NAME Quon Products, Inc.

New Facility Name _____

Contact Person/Position _____

Shannon, Bruce
(Last, First, M)

Title _____

(303) 453-7915
Tel No

MAILING
ADDRESS

Street _____

City _____ State _____ Zip _____

LOCATION
ADDRESS

Street _____

City _____ State _____ Zip _____

County Name _____

County Code _____

Owner Name _____

Operator Name _____

Activity Code

--- Gen --- Tr --- Tsd
--- 5. Market or Burn HWF
--- A. Gen Mark to Burn
--- B. Other Marketer
--- C. Burner

Used Oil Fuel Activities

--- 6. Off-Spec Used Oil Fuel
--- A. Gen Mark to Burn
--- B. Other Marketer
--- C. Burner
--- 7. Spec Used Oil Fuel Mark

Waste Fuel Burning: Type of Combustion Device

--- Utility Boiler --- Ind. Boiler --- Ind. Furnace

Mode of Transportation (Transporters Only)

--- Air --- Rail --- Highway --- Water --- Other

Maintenance Screens

W1 Card

Existing
Waste
Code

New
Waste
Code

F001
F002

F2 Card

Non-Reg Ind. (c303)

RECEIVED
GENERAL STATE SECTION

APR 17 1990

EPA, R3

ID - For Official Use Only

C
WT A C
1**X. Description of Hazardous Wastes (continued from front)****A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)
☒ 1. Ignitable (D001)
 ☒ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

AREA DIRECTOR

Date Signed

2-23-90

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

RECEIVED
GENERAL STATE SECTION

APR 17 1990

EPA, R3



State of Delaware Notification of Hazardous Waste Activity

DNREC
SOLID WASTE MGT. BRANCH
P. O. BOX 1401
DOVER, DE 19901

FOR OFFICIAL USE ONLY														
COMMENTS														
<div>INSTALLATION'S EPA I.D. NUMBER: FD EDO 011016805 T/A C: 1 APPROVED: 15 DATE RECEIVED (yr., mo., & day): 8/5/08</div>														
I. NAME OF INSTALLATION AVON PRODUCTS INC														
II. INSTALLATION MAILING ADDRESS														
STREET OR P.O. BOX 32100 OGLETOWN ROAD														
CITY OR TOWN NEWARK ST. DE ZIP CODE 19712														
III. LOCATION OF INSTALLATION														
STREET OR ROUTE NUMBER 52100 OGLETOWN ROAD														
CITY OR TOWN NEWARK ST. DE ZIP CODE 19712														
IV. INSTALLATION CONTACT														
NAME AND TITLE (last, first, & job title) SHAMBEDA STEVEN M FACIL ENGR PHONE NO. (area code & no.) 302-453-7742														
V. OWNERSHIP														
A. NAME OF INSTALLATION'S LEGAL OWNER AVON PRODUCTS INC														
B. TYPE OF OWNERSHIP (enter the appropriate letter into box) F = FEDERAL M = NON-FEDERAL														
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))														
<input checked="" type="checkbox"/> A. GENERATION Only <input type="checkbox"/> B. TRANSPORTATION (complete Item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION														
VII. MODE OF TRANSPORTATION														
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):														
VIII. FIRST OR SUBSEQUENT NOTIFICATION														
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.														
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)														
C. INSTALLATION'S EPA I.D. NO.														
IX. DESCRIPTION OF HAZARDOUS WASTES (To be filled in by Generators)														
A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.														
TYPE QUANTITY TYPE QUANTITY TYPE QUANTITY TYPE QUANTITY														
RETURNED MERCHANDISE INCLUDING:														
Perfumes colognes mouthwash lotions														
nail enamel														
nail polish remover														
hydro-carbon aerosols														

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.

TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY
(SEE PRECEDING INFORMATION "A")									

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.

TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY
(NOT APPLICABLE)									

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles.

☒ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

E. NAME AND ADDRESS OF STORAGE/DISPOSAL SITES USED FOR THE WASTES LISTED ABOVE

Rollins Environmental Services, Inc.
 Route 322, P. O. Box 337
 Bridgeport, N. J. 08014

X. TO BE FILLED OUT BY TRANSPORTERS

A. CHARACTERISTICS OF HAZARDOUS WASTES BEING HAULED. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles.

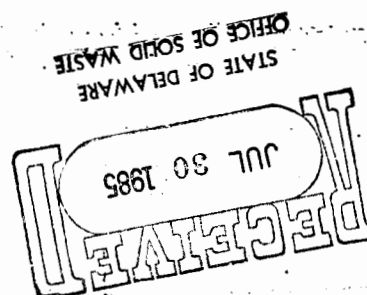
☒ 1. IGNITABLE (D001)
 ☒ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

B. LIST NAMES & ADDRESS OF ALL FACILITIES WHERE WASTES ARE TAKEN FOR TREATMENT/STORAGE/DISPOSAL.
Enclose all relevant documents.

(AS ABOVE)

ALSO

Rollins Environmental Services (LA.) Inc.
 13351 Scenic Hwy. - P. O. Box 73877
 Baton Rouge, LA 70807



XI. TO BE FILLED OUT BY FACILITIES ONLY (additional pages may be used, if necessary)

TYPE OF FACILITY

☐ TREATMENT ☐ STORAGE ☐ DISPOSAL

NOT APPLICABLE

A. LIST TYPES OF WASTES HANDLED (e.g. ignitable/flammable, toxic, reactive, corrosive, solid or liquid hazardous waste or any other format that is adequate).

NOT APPLICABLE

B. APPROXIMATE CAPACITY OF WASTE HANDLING (gals, cu. yards, tons./days, month or year)

NOT APPLICABLE

C. LIST GENERATORS FROM WHOM YOU RECEIVE WASTES. (Name & Address)

NOT APPLICABLE

D. BRIEF DESCRIPTION OF THE SITE, AND PROCESS OF TREATMENT/STORAGE/DISPOSAL FACILITY

NOT APPLICABLE

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

James C. White

NAME & OFFICIAL TITLE (type or print)

Area Chief

DATE SIGNED

RECEIVED
JUL 30 1985

STATE OF DELAWARE
OFFICE OF SOLID WASTE

AVON

Avon Products, Inc., Newark, Delaware 19711

July 23, 1985

Mr. Gregory DeCowsky
Solid Waste Management Branch
DNREC
P. O. Box 1401
Dover, DE 19901

Dear Mr. DeCowsky:

Attached please find a completed Notification of Hazardous Waste Activity form. As we discussed on July 9, Avon will be using the temporary EPA Identification Number DEP0000000285 for our impending shipment with Rollins Environmental Services.

If you should have any questions regarding the attached information, please call me at (302)453-7742.

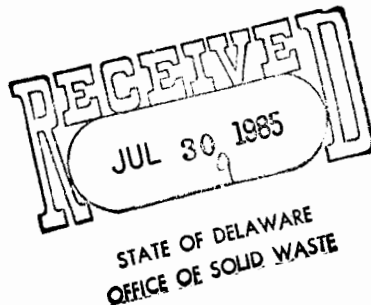
Sincerely,



Steven M. Shambada
FACILITIES ENGINEER

SMS/bb
Attachment

cc: J. Kendig
R. Miller



FY 1985 HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG

EPA ID: 121901011101161810151 4. Handler Type: ☐ Major

HANDLER NAME: A Von Products, Inc ☐ Non-Major

ADDRESS: Nashville ☒ Small Quantity Gen

DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 1/17/86 5a. AGENCY RESPONSIBLE FOR EVALUATION: E = EPA O = Other

Put code in box 151 S = State B = Contractor/State

Choose one J = Joint X = Oversight

C = Contractor/EPA

TYPE OF EVALUATION COVERED BY THIS REPORT: 171 1 = Evaluation Inspection 6 = Other - Citizen Complaint

Put code in box 2 = Sampling Inspection 7 = Other - Part B Call-In

Choose one 3 = Record Review 8 = Other - Withdrawal Candidate

4 = Ground Water Monitoring Evaluation 9 = Other - Closed Facility

5 = Follow Up 0 = Other - General

DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): 1 / 1

AREA AND CLASS OF VIOLATION (enter 'X' in appropriate box if violations found. Enter '0' if no violations found in Area violated.)	Class of Violation	Area of Violation						
		GWH	CL/PC	Fin.Res	Pt. B	Cmpl.Sch	Manifest	Other
I		6	0	0	0	0	0	
II		0	0	0	0	0	0	

ENFORCEMENT ACTIONS:

[illegible]

Codes for Types of Enforcement Actions: 03 - Warning Letter 11 - Filed Civil Action
05 - Administrative Order 12 - Filed Criminal Action
(See instruction for additional codes) 10 - Informal
Codes for Responsible Agency: B - EPA S - State X - EPA oversight

Comments:

(Limit each comment to 80 characters. Up to 99 comments are possible.)



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
& ENVIRONMENTAL CONTROL
DIVISION OF ENVIRONMENTAL CONTROL
WATER RESOURCES SECTION
89 KINGS HIGHWAY
P.O. BOX 1401
DOVER, DELAWARE 19903

TELEPHONE: (302) 736 - 4761

July 31, 1985

RECEIVED
RCRA SUPPORT SECTION

AUG 5 1985

Ms. Shirley Bulkin
U. S. EPA - Region III
841 Chestnut Building
Philadelphia, PA 19107

U.S. EPA, Region III

Dear Ms. Bulkin:

Please process the enclosed notification form and issue an EPA identification number for Avon Products, Inc.

Also, I am returning the notification form for Woodward & Lothrop, which is in Washington, DC.

Please call me at (302) 736-4781 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg M. DeCowsky".

Gregory M. DeCowsky
Environmental Scientist
Solid Waste Management Branch

GMD:lmw
Enclosures